**TAMIL NADU HOMOEOPATHY MEDICAL COUNCIL, CHENNAI**

Arignar Anna Govt. Hospital Campus, Arumbakkam, Chennai – 106

From

(Name, Address with Mob.No.)

To

The Registrar,

Tamil Nadu Homoeopathy Medical Council,

Arumbakkam,

Chennai -106.

Sir,

 Sub: No-objection certificate – Requested.

-00-

 I have completed my B.H.M.S. degree course from …………………………………………………… College ………………………….. and I have been awarded second Provisional pass Certificate from ………………………………………………………………………………………….. University, Chennai / Salem. I want to register myself in …………………………………………………………...………………….. Hence, I request you to kindly issue no – objection certificate. I enclose the following for the same.

Thanking you,

 Yours faithfully,

Enclosures:

Original & Copy of II Provisional Certificate,

Copy of Previous Council Provisional Registration Certificate

Aadhar Card Copy

D.D. for Rs.2,500/- (or) online payment by

A/c No.10144208864

IFSC Code-SBIN0006495

Date:

Place: